

B 25C (Official Form 25C) (12/08)

UNITED STATES BANKRUPTCY COURT

Northern District of Ohio

In re Whole Sailing LLC,
DebtorCase No. 17-13032

Small Business Case under Chapter 11

SMALL BUSINESS MONTHLY OPERATING REPORT

Month: 10/1/2017-10/31/2017Date filed: 05/24/2017Line of Business: Real EstateNAISC Code: 531390

IN ACCORDANCE WITH TITLE 28, SECTION 1746, OF THE UNITED STATES CODE, I DECLARE UNDER PENALTY OF PERJURY THAT I HAVE EXAMINED THE FOLLOWING SMALL BUSINESS MONTHLY OPERATING REPORT AND THE ACCOMPANYING ATTACHMENTS AND, TO THE BEST OF MY KNOWLEDGE, THESE DOCUMENTS ARE TRUE, CORRECT AND COMPLETE.

RESPONSIBLE PARTY:



Original Signature of Responsible Party

Phenon Walker Member

Printed Name of Responsible Party

Questionnaire: (All questions to be answered on behalf of the debtor.)

	Yes	No
1. IS THE BUSINESS STILL OPERATING?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. HAVE YOU PAID ALL YOUR BILLS ON TIME THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. DID YOU PAY YOUR EMPLOYEES ON TIME?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. HAVE YOU DEPOSITED ALL THE RECEIPTS FOR YOUR BUSINESS INTO THE DIP ACCOUNT THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. HAVE YOU FILED ALL OF YOUR TAX RETURNS AND PAID ALL OF YOUR TAXES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. HAVE YOU TIMELY FILED ALL OTHER REQUIRED GOVERNMENT FILINGS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. HAVE YOU PAID ALL OF YOUR INSURANCE PREMIUMS THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. DO YOU PLAN TO CONTINUE TO OPERATE THE BUSINESS NEXT MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. ARE YOU CURRENT ON YOUR QUARTERLY FEE PAYMENT TO THE U.S. TRUSTEE?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. HAVE YOU PAID ANYTHING TO YOUR ATTORNEY OR OTHER PROFESSIONALS THIS MONTH?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. DID YOU HAVE ANY UNUSUAL OR SIGNIFICANT UNANTICIPATED EXPENSES THIS MONTH?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. HAS THE BUSINESS SOLD ANY GOODS OR PROVIDED SERVICES OR TRANSFERRED ANY ASSETS TO ANY BUSINESS RELATED TO THE DIP IN ANY WAY?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. DO YOU HAVE ANY BANK ACCOUNTS OPEN OTHER THAN THE DIP ACCOUNT?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Page 2

B 25C (Official Form 25C) (12/08)

- | | | |
|---|-------------------------------------|-------------------------------------|
| 14. HAVE YOU SOLD ANY ASSETS OTHER THAN INVENTORY THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 15. DID ANY INSURANCE COMPANY CANCEL YOUR POLICY THIS MONTH? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 16. HAVE YOU BORROWED MONEY FROM ANYONE THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. HAS ANYONE MADE AN INVESTMENT IN YOUR BUSINESS THIS MONTH? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 18. HAVE YOU PAID ANY BILLS YOU OWED BEFORE YOU FILED BANKRUPTCY? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

TAXES

DO YOU HAVE ANY PAST DUE TAX RETURNS OR PAST DUE POST-PETITION TAX OBLIGATIONS? ☐ ☒

IF YES, PLEASE PROVIDE A WRITTEN EXPLANATION INCLUDING WHEN SUCH RETURNS WILL BE FILED, OR WHEN SUCH PAYMENTS WILL BE MADE AND THE SOURCE OF THE FUNDS FOR THE PAYMENT.

*(Exhibit A)***INCOME**

PLEASE SEPARATELY LIST ALL OF THE INCOME YOU RECEIVED FOR THE MONTH. THE LIST SHOULD INCLUDE ALL INCOME FROM CASH AND CREDIT TRANSACTIONS. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL INCOME \$ 2,175.00

SUMMARY OF CASH ON HAND

Cash on Hand at Start of Month \$ 2,012.16

Cash on Hand at End of Month \$ 4,132.46

PLEASE PROVIDE THE TOTAL AMOUNT OF CASH CURRENTLY AVAILABLE TO YOU **TOTAL** \$ 4,132.46

*(Exhibit B)***EXPENSES**

PLEASE SEPARATELY LIST ALL EXPENSES PAID BY CASH OR BY CHECK FROM YOUR BANK ACCOUNTS THIS MONTH. INCLUDE THE DATE PAID, WHO WAS PAID THE MONEY, THE PURPOSE AND THE AMOUNT. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL EXPENSES \$ 54.70

*(Exhibit C)***CASH PROFIT**

INCOME FOR THE MONTH *(TOTAL FROM EXHIBIT B)* \$ 4,132.46

EXPENSES FOR THE MONTH *(TOTAL FROM EXHIBIT C)* \$ 54.70

(Subtract Line C from Line B)

CASH PROFIT FOR THE MONTH \$ 4,077.76

B 25C (Official Form 25C) (12/08)

UNPAID BILLS

PLEASE ATTACH A LIST OF ALL DEBTS (INCLUDING TAXES) WHICH YOU HAVE INCURRED SINCE THE DATE YOU FILED BANKRUPTCY BUT HAVE NOT PAID. THE LIST MUST INCLUDE THE DATE THE DEBT WAS INCURRED, WHO IS OWED THE MONEY, THE PURPOSE OF THE DEBT AND WHEN THE DEBT IS DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL PAYABLES \$ 0.00*(Exhibit D)***MONEY OWED TO YOU**

PLEASE ATTACH A LIST OF ALL AMOUNTS OWED TO YOU BY YOUR CUSTOMERS FOR WORK YOU HAVE DONE OR THE MERCHANDISE YOU HAVE SOLD. YOU SHOULD INCLUDE WHO OWES YOU MONEY, HOW MUCH IS OWED AND WHEN IS PAYMENT DUE. *(THE U.S. TRUSTEE MAY WAIVE THIS REQUIREMENT.)*

TOTAL RECEIVABLES \$ 0.00*(Exhibit E)***BANKING INFORMATION**

PLEASE ATTACH A COPY OF YOUR LATEST BANK STATEMENT FOR EVERY ACCOUNT YOU HAVE AS OF THE DATE OF THIS FINANCIAL REPORT OR HAD DURING THE PERIOD COVERED BY THIS REPORT.

*(Exhibit F)***EMPLOYEES**NUMBER OF EMPLOYEES WHEN THE CASE WAS FILED? 0NUMBER OF EMPLOYEES AS OF THE DATE OF THIS MONTHLY REPORT? 0**PROFESSIONAL FEES*****BANKRUPTCY RELATED:***PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ 0.00TOTAL PROFESSIONAL FEES RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 0.00***NON-BANKRUPTCY RELATED:***PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID DURING THIS REPORTING PERIOD? \$ 0.00TOTAL PROFESSIONAL FEES NOT RELATING TO THE BANKRUPTCY CASE PAID SINCE THE FILING OF THE CASE? \$ 0.00

B 25C (Official Form 25C) (12/08)

PROJECTIONS

COMPARE YOUR ACTUAL INCOME AND EXPENSES TO THE PROJECTIONS FOR THE FIRST 180 DAYS OF YOUR CASE PROVIDED AT THE INITIAL DEBTOR INTERVIEW.

	Projected	Actual	Difference
INCOME	\$ _____	\$ _____	\$ _____
EXPENSES	\$ _____	\$ _____	\$ _____
CASH PROFIT	\$ _____	\$ _____	\$ _____

TOTAL PROJECTED INCOME FOR THE NEXT MONTH:	\$ 2,000.00
TOTAL PROJECTED EXPENSES FOR THE NEXT MONTH:	\$ 1,500.00
TOTAL PROJECTED CASH PROFIT FOR THE NEXT MONTH:	\$ 500.00

ADDITIONAL INFORMATION

PLEASE ATTACH ALL FINANCIAL REPORTS INCLUDING AN INCOME STATEMENT AND BALANCE SHEET WHICH YOU PREPARE INTERNALLY.

WHOLE SAILING LLC
BALANCE SHEET
October 1, 2017-October 31, 2017

ASSETS

Cash	\$4132.46
Office Equipment	\$900.00
Acct. Receivables	
Land & Building	\$200,000
Furniture & Fixtures	\$1000.00
Accumulated Depre	
Deposits & Prepaid	
Investments	

TOTAL ASSETS:**\$206,032.46****LIABILITIES**

Business Loan (\$7500-1450-590-1950)	\$3510.00
Post Petition Liabilities	
Brunner-Quinn	\$11,279.26.00
BONY Mellon Trust RAMP 2003	\$1,490,367.61
Accounts Payable	0.00
Rental Expenses	0.00
Wages & Salaries	0.00
Taxes	0.00

TOTAL LIABILITIES**\$1, 501,544.53****Equity**

Owners Capital
Retained Earnings
Total Owners Equity:

TOTAL LIABILITIES & EQUITY**(\$1,295,512.07)**

WHOLE SAILING LLC
OPERATING STATEMENT
October 1, 2017 – October 31, 2017

INCOME:

Rental Income from Tenant leases	\$ <u>2175.00</u>	
Total Revenues	\$ 2175.00	
Gross Income		\$2,175.00

EXPENSES:

The Hartford Insurance Fire Policy	\$54.70	
Brunner Quinn (continues to attempts to collect)		
Post Petition Increase: \$11,279.26		


<u>TOTAL EXPENSES</u>	<u>\$54.70</u>
-----------------------	----------------

<u>NET INCOME/LOSS:</u>	\$2120.30
-------------------------	-----------

EXHIBITS

Exhibit "A"	<u>TAXES</u>	(Not Applicable)
Exhibit "B"	<u>INCOME</u>	Octobr Rents
Exhibit "C"	<u>EXPENSES</u>	
	The Hartford Insurance Final Bal	\$54.70
	**Brunner Quinn \$11,279.26	
	(continues to attempt collection)	
	BONY Mellon Trust RAMP 2003	\$1,490,367.61
Exhibit "D"	<u>UNPAID BILLS (After Petition)</u>	0
Exhibit "E"	<u>MONEY OWED TO YOU</u>	0
Exhibit "F"	<u>BANK STATEMENT & REGISTER (ATTACHED)</u>	

THE FACE OF THIS DOCUMENT HAS A GREEN BACKGROUND AND MICROPRINTING. DO NOT CASH IF MISSING

The Huntington National Bank  25-2
440


02537453


Date Oct. 16, 2017

Pay to the order of Whole Sailing LLC \$ 850.00

Eight Hundred Fifty Dollars-----00/100

ACCOUNT NUMBER
01668359095

Exquisite Luxury Homes  Security Features
Included
Details on back.

 SIGNATURE

MP

THE CHIEF LEGAL COUNSEL, INC.

EXHIBIT
B₁

CHIEF LEGAL COUNSEL, INC.

⑈02537453⑈ ⑆044000024⑆

North Coast Investors LLC.
5247 Wilson Mills Road #332
Richmond Hts, OH 44143
(216) 285-0170

6-16/410

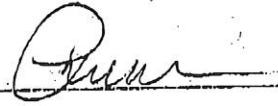
1015

Date 10-17-2017Pay to the Order of Whole Sailing LLC \$ 875.00Eight Hundred Seventy-Five Dollars-----00/100Security Features
Trade as Recd.

HUNTINGTON NATIONAL BANK

Oct. Rent

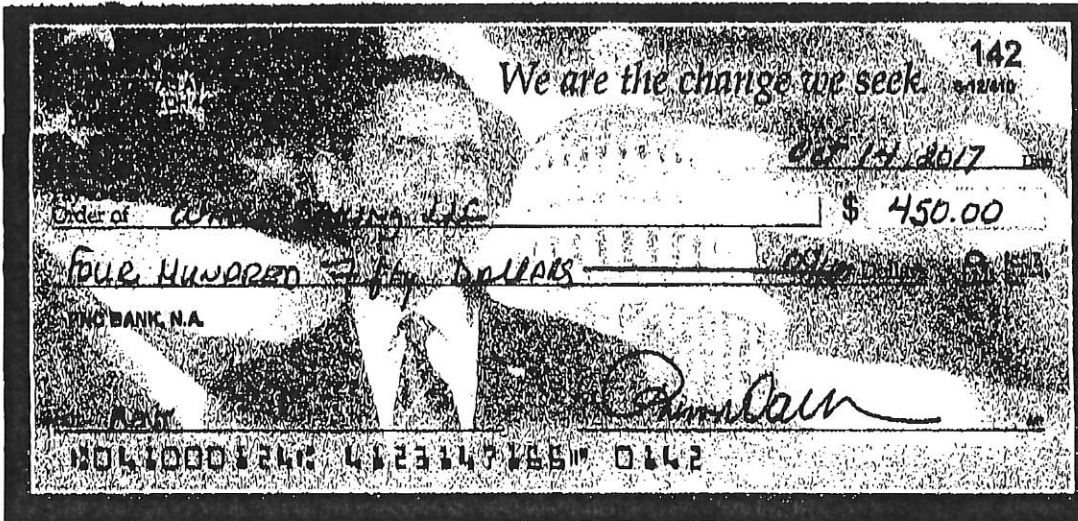
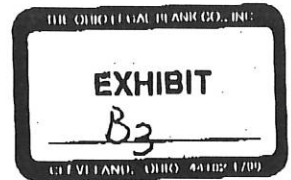
For _____



MP

⑆041000153⑆ 01662282964⑆ 1015





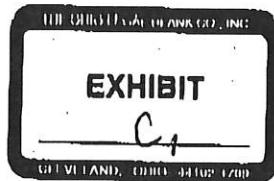
Final Insurance Bill

Page 1

THE
HARTFORD

Billing Company:

Twin City Fire Insurance Company



For Customer Service Call: 1-866-467-8730 7 a.m. to 7 p.m. Central Time (Mon - Fri)
Report Claims 24 hours a day: 1-800-327-3636

Bill Date: 10/03/17

Billing Account #: 1317

Unpaid Balance: \$54.70	Minimum Due: \$54.70	Due Date: 10/23/17
-------------------------	----------------------	--------------------

Named Insured: **WHOLE SAILING LLC**
 Your Agent: **NUTMEG INS AGENCY INC/PHS**

Previous Account Balance	\$181.07
Payments & Adjustments	-\$126.37
Premium Activity	\$0.00
New Fee(s)	\$0.00
Account Balance	\$54.70

• Your account is past due and no longer active. The full minimum amount due for coverage provided is now due or the unpaid balance will be transferred to our Collections Department. Payment of the minimum due will not result in reinstatement of coverage.

Check below and complete
 reverse side to request:
☐ Address Changes

Account Number: 15170317

Amount Enclosed:	54.70
------------------	-------

Amount Due	10/23/17
\$54.70	\$54.70

Mail Payments To:

The Hartford
 P O Box 660916
 Dallas, TX 75266-0916



MD 01 000722 60147 E 7 A

WHOLE SAILING LLC
 PO BOX 35596
 CLEVELAND, OH 44135-0596

761517031727210781000000054700000005470810004

81029480 10/03/17 34 76 15170317 44 NU54

Thank You for Your Payment - Yahoo Mail

<https://mail.yahoo.com/neo/b/message?Mid=0&fid=Inbox&fid=1&sort=date&order=down&...>**Thank You for Your Payment**

Thursday, October 26, 2017 11:23 AM

From: "The Hartford Online Business Center" <businesscenter@mail.service.thehartford.com>

To: phenon.walker@yahoo.com



To ensure delivery, add businesscenter@mail.service.thehartford.com to your address book.

phenon.walker@yahoo.com

Bill Account Number: 15170317

Thank You for Your Recent Payment

Dear Valued Customer,

This is to confirm that you have successfully made a payment:

Confirmation Number: Q25204077**Payment Amount:** \$54.70**Have you Considered
Auto Pay?**

As part of our commitment to your success, we have created the ability for you to conveniently set up recurring payments online.

Auto Pay is simple to use!

Enroll Today »

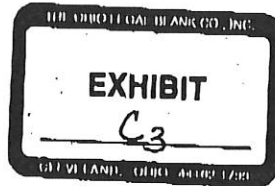
As a reminder, you may log in to the Online Business Service Center at any time to:

- Make a payment and view payment activity
- View and print billing and policy documents
- Update your profile and more



Brunner Quinn

35 North Fourth Street
Suite 200
Columbus, Ohio 43215



(614) 241-5550, Main
(800) 776-3158, Toll-Free
(614) 241-5551, Fax
finance@brunnerlaw.com
www.brunnerlaw.com/payments

Phenon Walker
DNM - Electronic Stmt Only
13880 Edgewater Drive
Lakewood, OH 44107-0000

Billing Questions? Contact our Billing Department
Monday through Friday 8 AM to 6 PM, Eastern Time
finance@brunnerlaw.com
(614) 241-5551, Fax
(800) 776-3158, Ext. 218

Billing Date: 11/3/2017
Statement No.: 25545
Client No.: 4856
Matter: Bank of New York Mellon v. Phenon Walker, et al.

Previous Billing Activity		\$	11,176.92
Current Billing Activity			
Interest Charge			102.34
Legal Services Rendered	\$	0.00	
Disbursements and Other Costs Incurred	\$	0.00	
Total Current Billing		\$	102.34
Payments and Credits Since Last Statement		\$	0.00
Past Due Balance - Please Pay Immediately		\$	11,176.92
TOTAL BALANCE DUE	10/10/2017	\$	11,279.26

Please Return this Section with Payments

Statement Date: 11/3/2017
Statement Number: 25545
Amount Due: \$ 11,279.26
Payment Due Date: 10/10/2017

PAYMENT METHODS

ONLINE @ www.brunnerlaw.com/payments
CALL 800-776-3158 (M-F, 8 AM-5 PM ET)
MAIL check or money order

Amount Enclosed \$ _____

Remit to: Brunner Quinn
35 North Fourth Street
Suite 200
Columbus, Ohio 43215
Federal Tax ID 31-1474792

Please Include Client Number/Matter ID on Payments



EXHIBIT

C4

8742 Lucent Boulevard, Suite 300, Highlands Ranch, CO 80129



PHENON WALKER
13880 EDGEWATER DR
LAKEWOOD, OH 44107-1410

0025205

To obtain information about your account, contact SLS at:
1-800-308-6082 or visit our website at www.sls.net. SLS accepts
calls from relay services on behalf of hearing impaired borrowers.

Mortgage Statement
Statement Date: 06/18/17

Account Number	1008463190
Payment Due Date	06/01/17
Total Amount Due*	\$1,490,367.61
<i>If payment is received after 06/18/17, \$0.00 late fee will be charged.</i>	

Property Address:
13880 EDGEWATER DR
LAKEWOOD, OH 44107

Outstanding Principal	\$974,992.60
Escrow Balance	\$-489,802.08
Suspense*	\$10.65
Deferred Principal	\$0.00
Deferred Interest	\$0.00
Other Deferred Amounts	\$0.00
Interest Rate (Until 08/01/21)	6.62500%
Prepayment Penalty	No

Principal	\$2,550.03
Interest	\$4,790.38
Escrow (for Taxes and Insurance)	\$1,944.59
Regular Monthly Payment	\$9,285.80
Total New Fees Charged	\$2,007.00
Past Due Amounts	\$1,479,085.46
Suspense*	\$10.65
TOTAL AMOUNT DUE*	\$1,490,367.61

	Paid Last Month	Paid Year to Date
Principal	\$0.00	\$0.00
Interest	\$0.00	\$0.00
Escrow (Taxes and Insurance)	\$0.00	\$0.00
Fees/Charges/Optional Product	\$0.00	\$0.00
Suspense*	\$0.00	\$10.65
Total	\$0.00	\$10.65

*You are currently due for the 07/01/04 payment.

*Suspense: Any partial payments that you make are not applied to your mortgage, but instead are held in a suspense account. If you pay the balance of a partial payment, the funds will then be applied to your mortgage. However, if the loan is in foreclosure, unless funds are received pursuant to an agreed upon loss mitigation program, any additional funds received will be returned to you.

Your loan is past due. Please call today at 1-800-308-6082 to make arrangements.

*Amount to bring loan current: Please note, if your account is past due, this amount may not include all fees or other amounts necessary to fully reinstate your loan. Please contact SLS at 1-800-308-6082 for a full reinstatement quote.

If You Are Experiencing Financial Difficulty: You may contact the U.S. Department of Housing and Urban Development (HUD) for a list of homeownership counselors or counseling organizations in your area, call 1-800-568-4267 or go to <http://www.hud.gov/offices/hac/afh/hcp/hca.cfm>.

You are late on your mortgage payments. Failure to bring your loan current may result in fees and foreclosure - the loss of your home. As of May 18, 2017 you are 4704 days delinquent on your mortgage loan. Your loan is in foreclosure, the first notice or first legal filing has been completed on your loan.

Recent Account History

Past due amount as of 12/01/16: \$1,376,885.86
Payment due 01/01/17: Amount Due \$9,321.21
Payment due 02/01/17: Amount Due \$9,285.80
Payment due 03/01/17: Amount Due \$9,285.80
Payment due 04/01/17: Amount Due \$9,285.80
Payment due 05/01/17: Amount Due \$9,285.80

06/01/17: Current Payment Due \$9,285.80

Total Unpaid Fees, Charges, and Uncollected Escrow Amount: \$57,951.54

Total \$1,490,367.61 due. You must pay this amount to bring your loan current.*

Date	Description	Total	Interest	Principal	Escrow (for Taxes and Insurance)	Optional Product	Fees/Charges	Suspense*
05/16/17	Fees Billed Property Valuation-Bpo	115.00	0.00	0.00	0.00	0.00	115.00	0.00
05/01/17	Fees Billed Attorney Litigation Exp	881.50	0.00	0.00	0.00	0.00	881.50	0.00
05/08/17	Fees Billed Attorney Litigation Exp	1010.50	0.00	0.00	0.00	0.00	1010.50	0.00

PLEASE SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND DISCLOSURES.

1428F.0101.MICRResMid.e1.d.372/002533/003921



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

6636 TRN

9



Business Statement

Account Number:

87842

Statement Period:

Oct 2, 2017

through

Oct 31, 2017

Page 1 of 2



000037652 01 SP 106481280468682 E
WHOLE SAILING LLC
PO BOX 35596
CLEVELAND OH 44135-0596



To Contact U.S. Bank

24-Hour Business

Solutions:

1-800-673-3555

U.S. Bank accepts Relay Calls

Internet:

usbank.com

INFORMATION YOU SHOULD KNOW

Effective November 13, 2017, the "Your Deposit Account Agreement" booklet includes a number of updates and may affect your rights. As of Nov. 13, 2017 you may pick up copies at your local branch or view copies at usbank.com, or call 1-800-USBANKS (1-800-872-2857) for a copy. Please see the Additional Information Section of this statement for the main updates that were made to "Your Deposit Account Agreement" booklet.

SILVER BUSINESS CHECKING

U.S. Bank National Association

Account Number

Member FDIC

8-7842

Account Summary

	# Items	\$	
Beginning Balance on Oct 2			2,332.16
Customer Deposits	1		2,175.00
Card Withdrawals	1		54.70-
Ending Balance on Oct 31, 2017		\$	4,452.46

Customer Deposits

Number	Date	Ref Number	Amount
	Oct 20	9254337498	2,175.00

Total Customer Deposits \$ 2,175.00

Card Withdrawals

Card Number: xxxx-xxxx-xxxx-9913

Date	Description of Transaction	Ref Number	Amount
Oct 30	Debit Purchase - VISA HARTFORD INS. PR *****9913	On 102717 800-862-6170 CT REF # 24431057300083358176149	0083358178 \$ 54.70-

Card 9913 Withdrawals Subtotal \$ 54.70-

Total Card Withdrawals \$ 54.70-

Balance Summary

Date	Ending Balance	Date	Ending Balance
Oct 20	4,507.16	Oct 30	4,452.46

Balances only appear for days reflecting change.

ANALYSIS SERVICE CHARGE DETAIL

Account Analysis Activity for: September 2017

Account Number:	1-301-2288-7842	\$	0.00
Analysis Service Charge assessed to	1-301-2288-7842	\$	0.00

Service Activity Detail for Account Number

-7842

Service	Volume	Avg Unit Price	Total Charge
Depository Services			
Combined Transactions/Items	8		No Charge



WHOLE SAILING LLC
PO BOX 35596
CLEVELAND OH 44135-0596

**Business Statement**

Account Number:
7842

Statement Period:
Oct 2, 2017
through
Oct 31, 2017

Page 2 of 2

ANALYSIS SERVICE CHARGE DETAIL (CONTINUED)

Service Activity Detail for Account Number 1-301-2288-7842 (continued)

Service	Volume	Avg Unit Price	Total Charge
Subtotal: Depository Services			0.00
Fee Based Service Charges for Account Number 1-301-2288-7842		\$	0.00

ADDITIONAL INFORMATION

Effective November 13, 2017 the main updates to note in the revised "Your Deposit Account Agreement" booklet sections, and sub sections, include:

- Updates and restructuring the "Overdraft Handling" Section with additional detail on standard overdraft coverage, ATM & Debit Card overdraft coverage (opt in & opt out) and the addition of Requested Return for both business and consumer accounts
- Addition of how to request a *Consumer or Business Pricing Information* brochure
- Threshold updates on error Adjustments
- Additional clarity on transaction posting order
- Clarification in the definition of "Account Balance"
- Clarification in the definition of "Insufficient funds"
- Clarification of Overdraft Returned and Overdraft Paid Fee deductions
- Clarification on the Overdraft Protection Transfer Fee advance amounts and fee assessment
- Additional clarity on timing within *Your Duty to Examine Your Statement* section
- Additional language added to the *Security Interest in Accounts* section
- Arbitration coverage under the Military Lending Act
- Deposits Involving non-U.S. Bank ATM's
- Removal of *Checks and Checking Accounts and Savings Accounts with Draft Access*
- Addition of *Partial Debit Card Transactions* section
- Clarification in the *Limits on Transfers* section
- Clarification in the *Debit Card Transactions* sub-section in the *Limits on Transfer* sections
- Addition to the Consumer Reserve Line Agreement, *Credit Review* section, ability to terminate or suspend
- Added Military Lending Act notice regarding Military Annual Percentage Rate (MAPR)

As of Nov. 13, you may pick up a copy at your local branch, view the updated booklet at usbank.com, or call 1-800-USBANKS (1-800-872-2657) for a copy.

USE SPACE THE DIGITAL BANK CO., INC. 18

CHECK NO.	DATE	TRANSACTION DESCRIPTION	PURPOSE	PAYMENT/ DIBIT (-)	AMT DEDU
				\$	\$
WHOLE SAILING LLC U.S. BANK # 130122887842				TOTAL DEDUCTIBLE	

CREDIT

DATE	SOURCE	NATURE	AMOUNT		TOTAL A OF CR
6/27/17	BALANCE		\$		\$ 810
7/6	HARTFORD INSURANCE - DEBIT CC # 9913	HOMEOWNER FIRE POLICY	(119	93)	700. ⁰⁰
7/14	RENTAL DEPOSIT FOR JULY 2017		2175	00	2875
7/17	BANK SERVICE FEE - PAPER STATEMENT		(5	00)	2870
7/18	BANK SERVICE FEE - REVERSAL		5	00	2875
7/11	PETERSEN + i bold - TRUSTEE FEE CK # 100	ACCT # 471-17-10419	(325	00)	2550
7/24	DIRECT CHECKS UNLIMITED - DEBIT CC # 9913	CHECK ORDR	(14	04)	2536
8/15	U.S. TRUSTEE CK # 101	ACT # 471-17-13032	(325	00)	2211 ⁰⁰
8/16	DEPOSIT - EDGEWATER RENTAL INC		2175	00	4386
8/16	HARTFORD INSR ACH	PROPERTY INSURANCE	(126	37)	4259
8/29	HUNTINGTON BANK CK # 102	DIRECT PAYMENT CC # 1779	(1450	00)	2809. ⁰⁰
8/29	DOLLAR BANK CK # 103	DIRECT PAYMENT CC # 0580	(590	00)	2219 ⁶⁶
9/14	DEPOSIT - RENTAL INCOME FROM EDGEWATER		2175	00	4394. ⁶⁶
9/4	WYOMING SEC. OF STATE CK # 104	ANNUAL FEE	50	00	4344. ⁶⁶
9/18	U.S. ASSURE	NEW - HOMEOWNER INSR POLICY	382	50	3962. ¹⁶
9/29	DOLLAR BANK CK # 105	DIRECT LOAN PAYMENT	1950	00	2012. ¹⁶
10/20	RENTAL INCOME FOR OCTOBER	EDGEWATER RENTS	2175	00	4187. ¹⁶
10/26	HARTFORD INSURANCE # 15170317	FINAL BAL DUE	54	70	4132. ⁴⁶

CHECK NO.	DATE	TRANSACTION DESCRIPTION	PURPOSE	PAYMENT/ DEBIT (-)	✓ FEE (IF ANY) (-)	CREDIT (+)	BALANCE
BALANCE BROUGHT FORWARD →							3
				\$		\$	